# FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL									
OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per form 16.00									
SEC U	SEC USE ONLY								
Prefix	Serial								
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DATE F	DATE RECEIVED								
	1								

/% NOTICE OF SALE OF SECURITIES	
PURSUANT TO REGULATION D, SECTION 4(6), AND/OR	Prefix Serial
UNIFORM LIMITED OFFERING EXEMPTION	DATE RECEIVED
190/8	
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	1388,098
Offering of limited partnership interests of SPM Composite Fund, L.P.	170000
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ S	ection 4(6) ULOE
Type of Filing: ☐ Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer	07041671
SPM Composite Fund, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
c/o Structured Servicing Transactions Group, L.L.C., 2215-B Renaissance Drive Suite 5, Las Vegas, Nevada 89119	(203) 351-2870
Address of Principal Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	n
Brief Description of Business: Private Investment Company	(
Type of Business Organization FEB 0 5 2007	
☐ corporation ☐ limited partnership, already formed ☐ oth	er (please specify)
☐ business trust ☐ limited partnership, to be formed <b>THOMSON</b>	
Month FINANCIAL Month	
Actual or Estimated Date of Incorporation or Organization:  0 7 0 6	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State;	
CN for Canada; FN for other foreign jurisdiction)	D E
GENERAL INSTRUCTIONS	

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDE	MIFICATION DAT	<u> </u>								
<ul> <li>Each promoter of the Each beneficial own</li> <li>Each executive office</li> </ul>	<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>											
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first,	f individual):	Structured Servicing T	ransactions Group, L.L	.c.								
Business or Residence Add	ress (Number and	Street, City, State, Zip Code)	2215-B Renaissa	nce Drive, Suite 5,	Las Vegas, Nevada 89119							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first,	f individual):	Brownstein, Donald I.	<del>-</del>									
Business or Residence Add Renaissance Drive, Suite	Business or Residence Address (Number and Street, City, State, Zip Code): c/o Structured Servicing Transactions Group, L.L.C., 2215-B Renaissance Drive, Suite 5, Las Vegas, Nevada 89119											
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner							
Full Name (Last name first,	f individual):	Christopher Russell										
Business or Residence Add Renaissance Drive, Suite		Street, City, State, Zip Code)	: c/o Structured Se	rvicing Transactio	ns Group, L.L.C., 2215-B							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner							
Full Name (Last name first, i	f individual):	Kong, Jeffery										
Business or Residence Add Renaissance Drive, Suite	ress (Number and 5, Las Vegas, Nev	Street, City, State, Zip Code)	cio Structured Se	rvicing Transactio	ns Group, L.L.C., 2215-B							
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer		General and/or Managing Partner							
Full Name (Last name first, i	f individual):	Roberts, Timothy										
Business or Residence Add Renaissance Drive, Suite 5	ress (Number and 5, Las Vegas, Nev	Street, City, State, Zip Code) ada 89119	: c/o Structured Se	rvicing Transactio	ns Group, L.L.C., 2215-B							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner							
Full Name (Last name first, i	f individual):	Liu, Yong	·									
Business or Residence Addr Renaissance Drive, Suite 9		Street, City, State, Zip Code) ada 89119	: c/o Structured Se	rvicing Transactio	ns Group, L.L.C., 2215-B							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, i	f individual):	Makena Capital Holding	gs, B.L.P.									
Business or Residence Add	ess (Number and	Street, City, State, Zip Code)	: 2500 Sand Hill Ro	pad, Suite 205, Men	lo Park, CA 94025							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, i	f individual):											
Business or Residence Addi	ess (Number and	Street, City, State, Zip Code)	:									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1. I	Has the issu	er sold, or	does the is	suer inten			redited inve pendix, Co				······	☐ Yes	□ No
2.	What is the r	ninimum ir	vestment	that will be	accepted	from any i	individual?	•••••				\$ <u>1.</u> 0	000,000
		***************						*************		***************************************	•••••	Mag	y be waived
3. I	Does the offe	ering perm	it joint own	ership of a	ı single un	it?		***************************************		•••••		☐ Yes	□ No
	Enter the info any commiss												
(	offering. If a	person to	be listed is	an assoc	ated perso	on or agen	t of a brok	er or deale	er registere	d with the	SEC		
	ind/or with a issociated p												
	ame (Last n					-							
Busin	oon or Posis	lanaa Aridi	rana (hlumb	nor and Ch	root City	Ctata Zin	Codo						<del></del>
Dusin	ess or Resid	ierice Addi	ess (Num	per and Su	eet, City,	State, Zip	Code						
Name	of Associate	ed Broker	or Dealer			•							
	in Which P			_							•		☐ All States
(Al	_		[AR]		•						☐ [HI]	[ID]	☐ All States
	[IN]	□ [IA]	□ [KS]	□ [KY]	☐ [LA]	[ME]	[MD]	☐ [MA]	[MI]	□ [MN]	☐ [MS]	[MO]	
□ [M]	T) [NE]	□ [NV]	□ [NH]	[UN]	[MM]	□ [NY]	☐ [NC]		□ [OH]	□ [OK]	□ [OR]	☐ [PA]	
□ [Ri	] 🔲 [SC]	□ [SD]	[NT]	[хт]	[TU]	□ [VT]	□ [VA]	[WA]	[WV]	[WI]	□ [WY]	□ (PR)	
Full N	ame (Last n	ame first, i	f individual	)			<del> </del>						
Busine	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)	•				· ·	
Name	of Associate	ed Broker o	or Dealer										
	in Which Pe Check "All S												☐ All States
□ [AL			☐ [AR]		•						[HI]	[OI]	
	□ [IN]	□ [IA]	□ [KS]	☐ [KY]	[LA]	□ [ME]	[MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
[M⁻	[NE]	□ [NV]	□ [NH]	[NJ]	[NM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]	
☐ [RI]	☐ (SC)	☐ (SD)	□ [TN]	□ [XT]			□ [VA]	[WA]	[WV]	<b>□</b> [WI]	□ [WY]	□ [PR]	
Full Na	ıme (Last na	ame first, if	individual	)									
Busine	ess or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (	Code)						
Name	of Associate	d Broker o	or Dealer										
	in Which Pe Check "All St												☐ All States
☐ [AL		☐ [AZ]					☐ [DE]		_	☐ [GA]	[HI]	□ [ID]	_
	□ [IN]	□ [IA]	[KS]	☐ [KY]	☐ [LA]	[ME]	[MD]	☐ [MA]	☐ [MI]	[MN]	☐ [MS]	[MO]	
□ [M1	] [NE]	□ [NV]	□ [NH]	□ [NJ]	[NM]	□ [NY]	□ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]	
☐ [RI]	[SC]	☐ [SD]	□ [TN]	[XT]	[TU]	[√1]	□ [VA]	□ [WA]	□ [WV]	□ [WI]	□ [WY]	[PR]	
				(Use blar	nk sheet, o	r copy and	d use addit	ional copie	es of this s	heet, as n	ecessary)		

**B. INFORMATION ABOUT OFFERING** 

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ט טא.	SE OF PROCE	EDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	. \$		\$	
	Equity			- <u>-</u>	
	☐ Common ☐ Preferred	· <del>-</del>		- <del>-</del>	<u>.</u>
	Convertible Securities (including warrants)		* -	\$	
	Partnership Interests		<del></del>	<u>\$</u>	53,166,333
	Other (Specify)	. <u>\$</u>	<del> </del>	\$	
	Total	\$	500,000,000	\$	53,166,333
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	·	5	<u>\$</u>	53,166,333
	Non-accredited Investors			\$	
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505			\$	
	Regulation A			<u>s</u>	
	Rule 504			\$	
	Total			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🔲	\$	
	Printing and Engraving Costs		🗆	\$	
	Legal Fees		<del>_</del>	<u> </u>	96,014
	Accounting Fees			<u>-</u>	
	Engineering Fees		_	•	
	Sales Commissions (specify finders' fees separately)		<del></del>	<u> </u>	
	Carea Commissions (specify illidets leas separation)		1 1	- J	

Total......

Other Expenses (identify) \_\_\_

96,014

\$

Enter the difference between the aggregate offerir Question 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."		<u>\$</u>	499,903,968		
5 Indicate below the amount of the adjusted gross procedused for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate, the adjusted gross proceeds to the issuer set forth in re	eds to the issuer used or proposed r any purpose is not known, furnish The total of the payments listed mu	to be an ust equal	Payments to Officers, Directors & Affiliates		Payments to Others
Salaries and fees			\$	_ □	\$
Purchase of real estate			\$		\$
Purchase, rental or leasing and installation of m	achinery and equipment		\$	_ 🗆	<b>\$</b>
Construction or leasing of plant buildings and fa	cilities		\$		\$
Acquisition of other businesses (including the va offering that may be used in exchange for the as pursuant to a merger	ssets or securities of another issue	' <sub>□</sub>	<u>\$</u>	_ 0	\$
Repayment of indebtedness			\$	🗆	\$
Working capital			\$	🛛	\$ 499,903,96
Other (specify):	<del></del>		\$	_ 🗆	\$
<del></del>			\$	_ 🗆	\$
Column Totals			\$	_ 🛛	\$499,903,968
This issuer has duly caused this notice to be signed by the		n. If this no			
This issuer has duly caused this notice to be signed by the constitutes an undertaking by the issuer to furnish to the U. by the issuer to any non-accredited investor pursuant to particle.	undersigned duly authorized perso S. Securities and Exchange Comm ragraph (b)(2) of Rule 502.	n. If this no	n written request of its		
This issuer has duly caused this notice to be signed by the constitutes an undertaking by the issuer to furnish to the U.	undersigned duly authorized perso S. Securities and Exchange Comm	n. If this no	n written request of its	staff, the	information furnished
This issuer has duly caused this notice to be signed by the constitutes an undertaking by the issuer to furnish to the U. by the issuer to any non-accredited investor pursuant to particular (Print or Type)  SPM Composite Fund, L.P.  Name of Signer (Print or Type)	undersigned duly authorized perso S. Securities and Exchange Comm ragraph (b)(2) of Rule 502.  Signature  Title of Signer (Print or Type)	n. If this no	n written request of its	s staff, the Date Januar	information furnished
This issuer has duly caused this notice to be signed by the constitutes an undertaking by the issuer to furnish to the U. by the issuer to any non-accredited investor pursuant to particular (Print or Type)  SPM Composite Fund, L.P.  Name of Signer (Print or Type)	undersigned duly authorized perso S. Securities and Exchange Comm ragraph (b)(2) of Rule 502.	n. If this no lission, upon	roup, L.L.C., Genera	Staff, the Date Januar	information furnished
This issuer has duly caused this notice to be signed by the constitutes an undertaking by the issuer to furnish to the U. by the issuer to any non-accredited investor pursuant to partissuer (Print or Type)	undersigned duly authorized perso S. Securities and Exchange Comm ragraph (b)(2) of Rule 502.  Signature  Title of Signer (Print or Type) By Structured Servicing Trans	n. If this no lission, upon	roup, L.L.C., Genera	Staff, the Date Januar	information furnished

٠,		. E. STATE SIGNATURE	5.
1.	Is any party described in 17 CFR 230.262 present provisions of such rule?	tly subject to any of the disqualification	Yes No
	See App	endix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furr (17 CFR 239.500) at such times as required by st	nish to any state administrator of any state in which this rate law.	notice is filed a notice on Form D
3.	The undersigned issuer hereby undertakes to furn	nish to the state administrators, upon written request, info	ormation furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer Exemption (ULOE) of the state in which this notice of establishing that these conditions have been sa	is familiar with the conditions that must be satisfied to be as filed and understands that the issuer claiming the avitisfied.	e entitled to the Uniform limited Offering aliability of this exemption has the burden
	uer has read this notification and knows the contents zed person.	s to be true and has duly caused this notice to be signed	on its behalf by the undersigned duly
issuer (	Print or Type)	Signature	Date
SPM Co	omposite Fund, L.P.	//	January 17, 2007
Name o	of Signer (Print or Type)	Title of Signer (Print or Type)	
Christo	opher Russell	By Structured Servicing Transactions Group, L.L.	C., General Partner, by Upper Shad
		Associates, Managing Member, by Christopher Ru	ussell, COO

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		• • • • • •		Af	PPENDIX		· · · · · · · · · · · · · · · · · · ·	· · · · · ·		
1		2	3		4					
	to non-a investors	I to sell ccredited s in State – Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ			· ·							
AR				- 11 12 12 12 12 12 12 12 12 12 12 12 12						
CA		х	\$500,000,000	3	\$52,509,997	0	\$0		х	
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1	:	2	3		4							
	to non-a	I to sell ccredited s in State – Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)	Type of investor and example (Part C – Item 2)			Amount purchased in State					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Number of Accredited Number of Non-Accredited							
NY		×	\$500,000,000	2	\$656,336	0	\$0		Х			
NC							<del> </del>					
ND												
ОН						1						
ОК						-	<del></del>		<del> </del>			
OR	_				-							
PA												
RI									<del>-</del>			
sc												
SD												
TN												
TX												
UT												
VT												
VA	_			· ·								
WA												
wv									1			
WI												
WY												
PR			-									